Reserve Request Form

Weinberg Memorial Library
Circulation Department 941-7524

Name_____ Tel # _____ Course Name/Number _____

Semester _____ Year _____

Circulation period: ( ) 3 Hours in Library Use Only
( ) 1 Day (Overnight)
( ) 3 Day
( ) 1 Week

Reserve Type: ( ) Print
( ) ERes Electric Reserves
( ) Both

TO BE FILLED OUT BY CIRCULATION STAFF:

Date Received _____
Time Received _____
Initials _____

( ) **Please return my reserve materials at the end of the semester:**

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Author	Title	Publisher or Volume and Issue	Copyright Date	Call #	# Of Copies	Add Date	Purge Date

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